

this man could commit suicide and so he told the health plan this patient needs to stay in the hospital. The health plan said no we are not going to pay for it any more. Send him home, and told the family that. Now, under Texas law they were required in that situation to get an independent peer review decision, but they did not. They did not follow the law. They just told the patient to leave. So the patient went home that night. He drank half a gallon of antifreeze and he died. It took him 2 days of a horrible, painful death.

Now, in that circumstance under Texas law, that health plan is now liable. They did not follow the law. If we did not have liability, why would any plan ever follow the law? It will take about two or three cases like that and then the health plans in Texas will decide, we had better follow the law before a patient goes home and commits suicide.

That is part of the reason why we need enforcement. But I honestly think that if we combine the appeals process, if we combine the provisions in our bill related to emergency care, related to clinical trials, related to physicians being able to tell their patients all of their treatment options, and we follow an internal and external appeals process, that we are actually going to decrease the incidence of injuries, and we are going to decrease the number of lawsuits.

□ 2215

That in fact has been what Texas has found out.

Before they passed the Texas law, the HMOs, the business groups, they lobbied furiously against that law. They said the sky will fall, the sky will fall. There will be an avalanche of lawsuits. Premiums will go out of sight. The HMOs will all leave Texas.

What has happened? There has just been a couple lawsuits like the one I mentioned where the plans did not follow the law. Premiums have not gone up any faster in Texas than they have anywhere else. In fact, they still have lower than average premiums. There were 30 HMOs in Texas before this law passed. There are 51 HMOs in Texas today. The sky did not fall.

There have been over 600 decisions made to resolve disputes because of that Texas law, and more than half of them have been decided in favor of the health plans; and that has provided an adequate relief to the patients to know that they are getting the right care. But half of the time the independent panels have decided for the patient, and so they have gotten the treatment before an injury has occurred.

This is just common sense. All our bill does in terms of ERISA is say that, let the State jurisdiction as it relates to liability function. In Texas, one has to follow these rules and regulations. There are protections for employers.

That is the law as it relates to liability.

California just passed an HMO liability bill. That would be the way that it would be handled in California. This is federalism. This is returning power to States. This is following up on Republican principles where the States are the crucible of democracy. This is following the Constitution. This is following the remarks of the Supreme Court Justice who says, please, do not load up the Federal judiciary any more than what would be absolutely necessary for national security. Do not take away jurisdiction from the States if they are doing a reasonable and good job; and they are in this area.

So I just have to ask my Republican friends, it seems to me that if they are for States rights, if they are for responsibility, then they would be against a bill that would remove this authority from the States. They would be against the Coburn-Thomas bill. They would be against the Houghton substitute. They would be for the Norwood-Dingell bill. Those are Republican principles, and they will be done at a very modest cost.

As I said before, we are looking at, for an average family of four, potentially an increase in the cost of premiums of about \$36 a year. That is money that my constituents tell me is well worth it if it can reassure them that they are going to be treated fairly by their HMO.

So when we have our debate in the next day or so on this, let us try to get past some of the special interest smoke and mirrors and Chicken Little statements. Let us do something right. Let us do something for justice. Let us correct a problem that Congress created 25 years ago. Let us be for our principles of States rights and responsibility, and not tilting the deck against a fair market.

Let us be for the Norwood-Dingell Bipartisan Managed Care Reform Act. Vote, I would say to my colleagues, however my colleagues want on the access bill. My colleagues are going to have to balance some of those individual provisions. If it passes, it will go to conference. But I would urge my colleagues strongly to vote against the Coburn-Thomas bill and against another substitute that would be against our Republican principles of States rights and individual responsibility.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2990, QUALITY CARE FOR THE UNINSURED ACT OF 1999, AND H.R. 2723, BIPARTISAN CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999

Mr. DREIER (during special order of Mr. GANSKE) from the Committee on Rules, submitted a privileged report (Rept. No. 106-366) on the resolution (H.

Res. 323) providing for consideration of the bill (H.R. 2990) to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts, and for other purposes, and for consideration of the bill (H.R. 2723) to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, which was referred to the House Calendar and ordered to be printed.

DRUG PROBLEMS IN AMERICA

The SPEAKER pro tempore (Mr. TOOMEY). Under the Speaker's announced policy of January 6, 1999, the gentleman from Florida (Mr. MICA) is recognized for 60 minutes.

Mr. MICA. Mr. Speaker, I thank the Chair for the opportunity to come before the House this evening, as I do on most Tuesday evenings when the House is in session, to talk about an area of responsibility that I inherited in this particular session of Congress. That responsibility is Chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Relations of the House. It is an investigations and oversight panel of Congress.

One of its primary responsibilities is to try to develop a coherent and effective national drug policy. It is a very difficult task, but a very important task, because illegal narcotics have taken an incredible toll among our citizens.

We have a costs estimated at \$250 billion a year affecting our economy, not only the cost of criminal justice, but lost employment, social disruption, costs that just transcends every part of our society. Those are the dollar and cents costs, not talking about human suffering and the effects on families and children across our Nation. Certainly illegal narcotics must be our biggest social problem.

Additionally, the statistics are staggering as to the number of people incarcerated. Somewhere between 1.8 million and 2 million Americans are in jails and prisons, Federal facilities, across the Nation. It is estimated that 60 to 70 percent of those individuals incarcerated are there because of a drug-related offense.

Now, there are many myths and misconceptions about some of these problems related to illegal narcotics. Tonight, I would like to touch upon a few of them.

As Chairman of this subcommittee with this responsibility, I have tried to not ignore the problem, not ignore the various alternatives, but try to have an open, free, and honest debate in our subcommittee and also stimulate it here in the Congress and the House of Representatives and among the American people, because we have a very, very serious problem facing our Nation.

In that regard, we have held a number of hearings, on average, three or four a month in this year. Prior to my assuming that responsibility, that responsibility was held by the former chairman of the Subcommittee on National Security, International Affairs, and Criminal Justice on which I served. That individual who chaired that responsibility and that subcommittee was the gentleman from Illinois (Mr. HASTERT) who is now the Speaker of the House of Representatives. He reawakened some of the interest in this topic and also certainly gave impetus to congressional action for a refocus, reexamination of this issue.

I might, as I have done in the past, review a bit of the history of the illegal narcotics problem and the efforts of this Congress and past Congresses to deal with this problem.

During the Reagan administration, and having been a staff member in the other body during 1981 to 1985, I witnessed firsthand the beginning of what was actually a war on drugs, a multifaceted approach to attacking illegal narcotics, drug abuse, and misuse by our population. That was continued for the most part through the Bush administration until, again, this House of Representatives and the United States Senate and the White House were all dominated by one party in 1992 with that election.

It happened to be the year I was elected, so I saw firsthand the dismantling of any real Federal effort with regard to illegal narcotics. The national drug policy was pretty much taken apart, dismantled. Our interdiction efforts, which is a national responsibility were decimated, halved.

The source country and international programs, also a Federal responsibility, were cut dramatically, also halved. Most of the resources were put into treatment programs and to other priorities that, again, changed dramatically.

The Drug Czar's office was dramatically reduced in size, probably 70 percent reduction. Appointees of the administration were individuals who had a different philosophy, "just say maybe to illegal narcotics."

Some of that has had a very specific result with our population. Attitudes

particularly among leaders of Congress and the Nation, and also our chief health officer for the country, certainly those attitudes certainly do impact our population's thinking and particularly the actions of our young people.

I have used these charts before to show exactly what happened. Tonight I will use them once again. Even today, we had Governor Gary Johnson, a Republican Governor from New Mexico who participated in a national symposium on a new attitude towards illegal narcotics. He talked about and also has made statements that the war on drugs has been a failure.

I submit that the war on drugs has basically, again, closed down in the 1990 to 1993 period. Again, a Federal responsibility was Federal expenditures for international programs. International programs would be stopping illegal narcotics at their source.

This is an interesting chart in that it shows, again, a dramatic reduction. My colleagues see back where the Republicans, new majority took over. Right now, in 1999, we are getting back in 1992 dollars to where we were in 1992 and 1999 on these international programs.

These international programs do make a difference. For example, let me cite, if I may, one success that we have seen from the Coast Guard. The Coast Guard seized a record 111,689 pounds of cocaine with a street value of \$3.9 billion in fiscal 1999, an increase of 35 percent over last year, the agency said on Tuesday.

□ 2230

More than two-thirds of the cocaine seized in 1999 was the Miami-based 7th Coast Guard district that included Florida, South Carolina, Georgia, Puerto Rico, the Virgin Islands, and most of the Caribbean. Secretary of Transportation who oversees the Coast Guard, and in this case Secretary Slater, attributed the record seizures in part to a 10-month-old counternarcotics initiative in the Caribbean. And that, of course, was funded by the initiative that was undertaken by the gentleman from Illinois (Mr. HASTERT) some 2 years ago in restarting a war on drugs and, again, a Federal responsibility to stop drugs at their source and interdicting them.

What I have spoken to here is really the success of the interdiction. This chart shows the failure of interdiction and the cutting in just about half of expenditures for interdiction, that is stopping drugs as they come from their source, before they reach our border, utilizing the Coast Guard, the military and other Federal resources to stop drugs cost effectively as they come from their source to our borders.

We can see the dramatic close-down of the war on drugs in 1993 and we can see the restart again under the new leadership of the House of Representa-

tives under Republican control of the House. Again, we are back in 1999 to about where we were in 1992, and we have some very specific results for our efforts for those expenditures. We have seen not only a dramatic increase in the seizures of cocaine but also less cocaine on the streets in the United States. So we know that this interdiction works.

What is interesting is we know what does not work, and that is the policy of this past administration. We saw the charts with funds and efforts for our international programs to stop drugs cost effectively at their source and also to interdict drugs before they reach our borders. This is a very interesting chart. It shows from the 1980s, the late 1980s to 1992, this would be part of the Reagan and Bush era, and we can see a declining in 12th grade drug use. This would be lifetime annual in the red here, green is lifetime annual use and 30 day use.

So in all of these usages by 12th graders, we see a decline up until this change in the drug policy. Then we see, again, the change in Federal leadership, the attitude, the "just say maybe," cutting the drug czar's office, cutting the programs as far as the supply, the incredible supply of illegal narcotics coming into the country, and then this upsurge. Then again in 1995, the Republicans took control, began instituting this policy and changing it, and now we see a decline and beginning of a reversal. Because we know that a multifaceted approach to illegal narcotics works.

First, we have to stop drugs cost effectively at their source, then we must interdict those illegal narcotics before they come in. And I might say, even to those legalizers, to those who have been in town, including Governor Johnson of New Mexico, promoting legalization of what are now illegal narcotics, even under their plan, it would still be a requirement for the United States to stop illegal narcotics at their source. They would be illegal, even if they were legalized in the United States; drugs through interdiction.

And, again, education, which I think Governor Johnson and others have been promoting along with legalization, does not work. We find the same thing that is very interesting in this administration's approach to tobacco. They have done everything they can to bring tobacco companies into lawsuits. They have expended incredible historic amounts in anti-narcotics advertising and have forced attention to the problem as far as education of young people. But what is interesting, even the most recent statistics that they show, even with all this effort, shows that we still have an upsurge in the use of tobacco products among our young people.

So it does not work by itself. Education is one of a number of elements

that must be used. This is very interesting to show; that as the Federal efforts for interdiction and source country program eradication declined, and again a change in policy, we saw our young people using more illegal narcotics.

What is really sad is some of the statistics that have evolved from this situation. And I just received today the latest figures, which were released in August, published the last June of 1999, on the number of drug deaths in the United States. These are deaths from drug-induced causes.

My colleagues have heard me cite before on the floor of the House of Representatives over 14,000 drug deaths, and that was in 1996. The policy that we have seen promoted by this administration and this Congress now has us up to 15,973 deaths in 1997. These are drug-induced causes in the United States. That is a 7.6 percent increase.

I added up the statistics from this report just received today on the number of drug deaths since 1993, the beginning of this administration's policy, and it is 72,232 deaths. I am sure that we will reach 100,000 before the end of this tenure. So we have still a continuing problem. We have more and more deaths caused by illegal narcotics.

Part of the problem, as I have explained before in these special orders, is that the cocaine and the heroin that we see on the streets today is not the cocaine or heroin that was on the streets in the 1970s or 1980s. In those years we saw cocaine and heroin of sometimes 4 to 10 percent in purity. Today, we are seeing on a very common basis a purity of 60 and 70 percent. We are seeing heroin and cocaine that is deadly in form. And many of these deaths are attributed to young people who are trying illegal narcotics, and do not recover in many instances from first-time use, or by combining those very potent and high purity illegal narcotics with other substances of abuse.

Again, we see record numbers of deaths from drug-induced causes in the latest statistics produced, I believe, by the Department of HHS. Again, these just came out.

Of course, we have the deaths that I cited that are very easy to identify, and then we have the deaths that I also report. And whether we legalize or decriminalize what are now illegal narcotics, we would still have situations like this. This was reported in this week's October 2 edition in Carnesville, Georgia, a lady by the name of Shannon Nicole Moss has been in jail since May for allegedly taking cocaine during her pregnancy and causing the death of her daughter. Ms. Moss, 21, gave birth to twins on April 21, but one child, Angel Hope Schneider, died shortly after birth. Franklin County Investigator Chad Bennett said Ms. Moss tested positive for both cocaine and methamphetamine. The child's

death was consistent with cocaine use by the mother, said Bennett.

I do not know if this young baby's death will be counted in these statistics. I doubt it. But as I have cited, there are thousands of other deaths that are related to illegal narcotics.

In this week's Christian Science Monitor we see another example of drug use and abuse among our population. This particular story focuses on Plano, Texas. It says, "With its gated communities, leafy parks, and Fortune 500 jobs, Plano is not the sort of town to have a big city drug problem. At least that is what most residents thought. Then, in 1997, some of the young people of Plano discovered the latest craze, heroin, and started overdosing at the rate of one a month. The youngest victim was a 7th grader, Victor Garcia. The oldest and most famous was former Dallas Cowboy, Mark Tuinei. The string of deaths, 18 in Plano, along with half a dozen from nearby towns, does not appear to be over."

We have cited Plano as an example of a very prosperous community, just like the one I come from in Central Florida, north of Orlando, which is my district. We have had over 60 drug-related deaths. Deaths by drugs and drug overdoses now exceed homicides in our central Florida communities. So we see a tremendous impact of illegal narcotics on our communities. I am not sure what difference legalization would make in people overdosing, and particularly young people, on these illegal narcotics.

If it was not bad enough that we had cocaine and heroin, we have on the scene and coming from primarily Mexico, also an international import and again a Federal responsibility to control this type of activity, a report of methamphetamines spiraling out of control in some of our communities. This is a report that appeared in this week's news media and it is dated Tulsa, Oklahoma. "The number of methamphetamine labs in Oklahoma is exploding. State records show that officials have discovered 60 times the number of clandestine laboratories making methamphetamines than they had found just 5 years ago. State officials call problems with the highly-addictive drug epidemic. And they said the meteoric rise in the drug's popularity has to do in how easy it is to make."

This is not a harmless illegal narcotic, and it is illegal. "Oklahoma Highway Patrol Trooper David 'Rocky' Eales," the story went on to say, "was killed in an attempt to serve methamphetamine-related warrants on September 25. Another trooper was wounded."

It is also interesting to note, and I have some information that we received in one of the hearings that we conducted on legalization of what are now illegal narcotics, and we did try to

conduct an open hearing on that subject, but we had a scientist who produced these images. I think I have shown these images one other time about methamphetamine, and this is one of the drugs that some folks would like to legalize. This particular photograph, and these images, demonstrate the long-lasting effects that methamphetamine has on the brain.

The brighter colors reflect greater dopamine-binding capacity. Dopamine function is critical to emotional regulation and it is involved in the normal experience of pleasure. It is also involved in controlling an individual's motor functions. The scan on the left is a nondrug user. The second scan is a chronic methamphetamine abuser who was drug free for 3 years prior to this image. The third scan is a chronic meth abuser who was drug free for 3 years prior to the image. The last brain is a scan of an individual newly diagnosed with Parkinson's Disease, a disease known to deplete dopamine.

□ 2245

So you see what methamphetamine, the so-called harmless, what is now an illegal narcotic that some would like to make legal, does to individuals. Drugs are dangerous. This is very clear scientific evidence produced again by a scientist, not by a congressional committee, about the effects of this particular illegal narcotic.

I wanted to also cite tonight again some of the comments that have been made in this national forum that talked about legalization or a new approach to illegal narcotics, and let me say that I am open to any reasonable approach that we can take to deal with this mounting problem. Our subcommittee has been open, we have held hearings on the question of legalization, of decriminalization, on the problems of incarceration, on enforcement, on interdiction, on the source countries, and we will be doing one in just a few weeks on our first anniversary of our national education program to review all of these programs' effectiveness and various approaches.

But the meeting that was conducted today and this week in Washington about new approaches featured, I guess, a new rage on the drug, national drug scene, and that is New Mexico Governor Gary Johnson. He again has said that the Nation's War on Drugs has been a multibillion-dollar failure and unjustifiably throwing thousands of people in prison and lying to children about the dangers of marijuana. I happened to catch some of that particular presentation of Governor Johnson, a Republican from New Mexico, and I wanted to respond to some of the points that he has raised.

Again, one of these is graphically illustrated by one of the substances that some proponents would like to legalize, and we can show similar graphic displays for other substances, and we have

one, another one here we will just put up here. But we do have, in fact, scientific evidence that there is danger to the brain from cocaine, from heroin, from methamphetamine, and it is documented, and the Governor has said that the War on Drugs has been a multibillion-dollar failure. In fact, I think he stated that we went from 1 billion in the 1970s to \$18 billion. I think if we look at the way the dollars have been spent, again there were dramatic decreases in a multi-faceted approach to combat illegal narcotics both at the source and through interdiction.

I have often showed the treatment dollars, and we do not have a chart of that tonight, but in fact the chart would show you that treatment dollars since 1992 have in fact doubled, and we are spending a great deal of that \$18 billion on treatment programs. I would as much as anyone would like to see a reduction in those expenditures, but we find that if we take out one element, whether it is a source country, international programs, interdiction, law enforcement, education, treatment or prevention, then the efforts begin to crumble and the effect, as we have seen, is devastating particularly among our young people.

He made a rash statement, and I heard him say that soon we will be spending the entire national gross product on enforcement, and that just is not correct. The Governor is incorrect, that of the \$18 billion that we will be spending this year, a small percentage of that is on enforcement although that is Federal money and there are substantial dollars spent at the State and local level.

The question is:

Does a liberal policy work or does a tough enforcement policy work and are they cost effective?

Let me take these charts down and again cite one of the best examples that we have of a liberal policy, and I believe in a legalization or liberal policy we would have to look at some model where they have tried this.

And again we have to point to Baltimore. I do not have a whole lot of areas, although Washington, D.C., is now trying to emulate this program that they adopted in Baltimore with free needle exchanges and, again, a more liberal attitude.

But this is an interesting chart that was given to me by the head of our Drug Enforcement Agency in one of our hearings, and I will recite it.

In Baltimore we saw the population in 1950 at nearly a million drop to, it is around 600,000 now, not half, but on its way down. We saw a small number of heroin addicts, and this was the population of the heroin addicts, about 39,000 in 1996. The latest figures or unofficial figures are 60,000, and I cited a council person from Baltimore who said 1 in 8 citizens in Baltimore are now addicted to heroin.

Now this is a liberal policy, this needle exchange policy. We have seen that that policy, and again, if we had legalization, I do not know what would stop people from becoming addicted, but in fact we have 1 in 8 in this city as a heroin addict, which is absolutely astounding, a model I do not think any of us would want to copy.

I have also pointed out as a counter example New York City with Mayor Giuliani, and I bring this up again, a tough enforcement policy, and Governor Johnson said that we are spending too much money, and I think, if we look and go back and look at per capita expenses, dollar expenses, and we compared New York with Baltimore, we would see that there would probably be similar expenditures.

But this particular chart shows the narcotics arrests index and the crime index, and we see that crime is going down as the number of tough enforcement was undertaken in that city. Pretty dramatic figures in New York, and let me cite a few of them, if I may.

First of all, the total number of major felony crimes fell from 1993 to 1998 in New York City by 51 percent. Just from 1997 to 1998 with a zero tolerance policy there was 11 percent decrease in major felony crimes. In New York City murder and nonnegligent manslaughter also declined. There was a 67 percent decrease from 1993 to 1998, and in just one year, from 1997 to 1998, an 18 percent decrease in murder and nonnegligent manslaughter.

And what about some other crimes? Total felony and misdemeanor narcotics arrests in the city actually increased, and we went from less than 70,000 to 120 between 1993 and 1998, but in that period of time you saw the dramatic decrease in murders. In fact, in New York City in 1998 it was the lowest number of murders committed in New York in 36 years. The murders fell from approximately, this chart will show, from over 2,000 in this period, 1991 to somewhere in the 600 to 629 in 1998, dramatic decreases as there were some increase in narcotic offenses.

So the cost effectiveness of these programs, and I am sure if we looked at the social implications, the destruction of families, abuse in Baltimore, and we look at what has taken place in New York City, we would see that we have, in fact, a success, and again not a total success. We still have some dramatic problems not only in New York.

But what is amazing, if you look at this last chart again, as a result of Mayor Giuliani's zero tolerance policies that he established and based on what the murder rate was before he took office, over 3,500 people just in New York City are alive today who otherwise would be fatality statistics. That is a pretty dramatic figure.

The other misconception that Governor Johnson stated in his speech, and again I heard of it today; he said

that, and I think he was citing more in his State; he said there were arresting Mexican citizens coming across the border for \$200, and he said if we looked at the profile of people arrested, you would find marijuana users selling a little bit of marijuana and crack users selling a little crack and going to jail for that. Those were some of his comments.

I did not take it down in shorthand, but there are many myths about people who are in prison for drug related offenses, and the most recent study that our subcommittee found was one that was conducted in New York State by that New York State Office of Justice, and it was a rather telling example of what is really taking place with those convicted of various offenses related to narcotics, and this was again in spring, very recent. We had testimony to this affect, that there are roughly 22,000 individuals serving time in New York State prison for drug offenses. Again this is very comprehensive study. Eighty-seven percent of them are actually serving time for selling drugs, 87 percent of them are there for selling drugs. Seventy percent of them have had one or more felony convictions on their record.

So these are not just these innocent little Mexicans crossing the border for \$200 reward or some innocent marijuana users selling enough marijuana to supply his habit or some minor crack dealer. Seventy percent of these 22,000 individuals have one or more felony convictions on their record.

Of the people who are serving time for drug possession charges, 76 percent were actually arrested for sale or intent to sell charges that eventually pled down to possession. So there is a great myth about who is behind bars and why they are there and what offenses they have committed.

We also found from this study and in our hearing about New York drug offenses that the 1998 arrestee drug abuse monitoring program report issued by the National Institute of Justice documents an estimated 80 percent of persons arrested each year in New York City tested positive for drugs. So we have a situation where these people have, who are arrested also, have illegal narcotics in their system, and that is also part of the problem, and we do need to revisit our treatment programs both at State level and the Federal level.

□ 2300

But there is a great myth about who is serving time. This study was quite interesting, because it showed and documented very specifically that, at least in New York State, you really have to try, you have to commit a number of serious felonies and you have to be a dealer in very large quantities of hard illegal narcotics to make your way into prison. You had to work to get

into prison in New York. We found that same pattern in other states. So the information that Governor Johnson used is not correct.

He also said half the arrests in the United States involved United States Hispanics selling marijuana. I do not know where he got that figure. I have never seen that figure.

We do know that the latest statistics that our subcommittee has received from DEA and HHS do indicate that one of the victims of illegal narcotics are teenage Hispanics and young Hispanics; that, in fact, with addiction, they have the highest percentage of increases.

What we also know from the most recent report that I have received is that the biggest problem with addiction among our young people, and I would think it would be alcohol, is not alcohol, but in fact is marijuana, another startling fact. Of course, many people do not want to deal with facts or reality on this subject. They want to deal with their own personal viewpoint.

The Governor also, I heard him say, Governor Johnson, that the war on drugs was 1,000 miles wide and a half inch thick. The war on drugs in fact is thousands and thousands of miles wide and, as you may have seen by what I illustrated, it was reduced down to an inch thick. But the war on drugs does not work when you have no resources in it, and they were eviscerated by this Congress back in 1993, 1994 and 1995 under this Democrat-controlled House of Representatives, Senate and the presidency. That approach did not work, and we had some very, again, well-documented results. That was not and is not today pleasing.

His final comment was "stop arresting the entire country." Again, this is Governor Johnson. I do not think any of us want to arrest anyone. We do know that individuals that have used illegal narcotics, probably marijuana is one of the most frequently. Maybe it does not have all of the effects of some of the other hard drugs that we cited, cocaine, heroin, methamphetamines. We have shown here we do know the levels of purity are much, much higher than that marijuana that was used in the seventies and eighties, and it also has an effect on the brain.

Again, we do know from facts that today our biggest problem with addiction among young people, again, I was even surprised by this, and these are statistics that are DEA and HHS documented, our biggest problem with addiction now is marijuana with our young people. Whether it gets to be a gateway drug or not is a question for debate, and we certainly had plenty of testimony that did point to the first use of that substance or other substance abuse and then on to harder drugs.

Legalization just has not been acceptable as an alternative, and neither

has decriminalization, although we are looking very carefully at the programs we have for those incarcerated. We have also looked at the Arizona model, which is not a decriminalization, and had testimony from officials from Arizona who do take first-time drug offenders and give them alternatives before their final sentencing, but the sentencing is withheld pending their performance. The moment that they backslide or get back into the narcotics habit, which is a tremendous problem, recidivism with illegal narcotics use in these programs, those individuals do go on, are sentenced and serve time.

So, again, I think everyone wants to see that our prisons are free of so-called casual drug users. But, again, the people that end up there, unfortunately, commit felonies and crimes while under the influence of these illegal narcotics, were selling quantities of illegal narcotics which would be illegal under decriminalization or the legalization scheme that has been mentioned by anyone to date.

What is interesting is even with these efforts to liberalize national drug policy, even the latest surveys, and again the surveys can be subject to the way the questions are asked or framed, but the latest surveys that we have, this one is by the Melman Group and it was a survey by telephone of 800 registered voters at the beginning of September, found some of these topics on the public's mind.

Voters want education, Social Security and drug trafficking to be top priorities of the Congress and the President. HMO restrictions and illegal drugs are top worries for the largest number of voters. We have heard most of the special orders tonight on the topic of HMOs. I am the soul one on the second subject, illegal drugs.

Women and minorities are more likely to think that drug issues should be a top national priority. The poll also found that Americans want cracking down on drug smuggling to be Washington's highest priority. Preventing drugs from entering the United States, reducing the supply, is the most important effective way to deal with the problem. Again, this poll of 800 Americans showed three-fourths of Americans favor increasing funding for interdiction. Even with the \$2 billion price tag, the majority still favor increasing funding for interdiction. By more than two to one, voters favor additional dollars on interdiction over anti-drug advertising.

As I said, our subcommittee continues to monitor the reinstitution of our national and international efforts on interdiction and source country programs. We will be carefully reviewing our \$200 million with private donations, probably half a billion dollar total expenditures for an anti-drug advertising program, the first year of which will have been concluded this

past week, and we will do a hearing on that and review an examination of those expenditures and the effectiveness of that program.

Congressional Democrats, the poll finally says, enjoy an advantage over Republicans on almost every issue except keeping illegal drugs out of the U.S. I am not sure what that means for Republicans, being a Republican, but at least hopefully I am on the right side of one issue.

The rest of the special order that I wanted to do tonight really would get away from the topic of legalization, decriminalization or liberalization, as Governor Johnson of New Mexico has advocated, and talk about again one of our responsibilities, which is stopping illegal narcotics that are coming into the United States.

Again, under any of these schemes, no matter how wild they may be for liberalization or decriminalization or legalization, one of the responsibilities of this Congress, of any administration, will be to stop these hard drugs from coming in to the United States.

□ 2310

The source of more than 50 percent or probably in the 60 or 70 percent of all illegal antibiotics, we could start with marijuana, go on to cocaine, heroin, methamphetamine, the source of all the hard narcotics and even, again, the soft narcotic, if you want to call it that, marijuana, coming into the United States is through Mexico. Most of the cocaine and heroin is now produced in Colombia, but they have melded forces with corrupt officials in Mexico and corrupt dealers in Mexico, and these gangs are now filtering and transiting illegal narcotics through Mexico.

Mexico is our big problem on an international level, and will continue to be. That is in spite of the fact that our trade with Mexico has been at an all-time high. We have given Mexico, as I have cited, incredible trade advantages, both with NAFTA, and we have underwritten Mexico in its financially difficult times.

The United States' exports to Mexico now surpass U.S. exports to Japan, making Mexico our second most important export partner. However, with NAFTA, exports to the United States, from the United States to Mexico, were \$71 billion in 1998. Imports to the United States from Mexico were \$87 billion. We experienced in 1998 a \$15.7 billion trade deficit, so we are good partners, we have given them help. We are good neighbors, good allies. We have given them a trade advantage that is now hurting us economically.

The U.S.-Mexican border is 2,000 miles long and 60 miles deep on either side of the border, consisting of four U.S. States, California, Arizona, New Mexico, and Texas, all on the borders, of course. They border six Mexican

States. We have 45 border crossings with an estimated 278 to 351 million persons legally crossing the border from Mexico to the United States in 1998.

The INS, at great expense, apprehended 1.5 million undocumented immigrants on the southwest border in fiscal year 1998. According to DEA, almost all of the estimated six tons of heroin produced in Mexico in 1998 will reach the United States markets. Mexico remains a major source country for marijuana and heroin sold in the United States.

The DEA estimates that the majority of methamphetamine available in the United States is either produced and transported to the United States or is manufactured in the United States now by Mexican drug traffickers.

According to the United States Department of State, Mexico continues to be the primary haven for money laundering in all of Latin America. This of course has had incredible consequences in Mexico. The Baja Peninsula along this end is completely controlled by drug traffickers. In fact, this chart shows Mexico-based drug trafficking. The Yucatan Peninsula is controlled by drug traffickers, and different states and such regions of Mexico are almost totally controlled by drug traffickers.

I cited methamphetamine, a new phenomenon. It is incredible, but 90 percent of the methamphetamine seized in Iowa this year came from Mexico. That is from the U.S. Attorney's office in Iowa's northern district. About 85 percent of the methamphetamine in Minnesota, all the way up, it is not even on this chart, in Minnesota is smuggled from Mexico. The source is the Minneapolis Star Tribune, in an investigation that was conducted there.

Most of the methamphetamine available in the upper Midwest is trafficked by Mexican-controlled criminal organizations connected to sources of supply in California and Mexico that were based in smaller midwestern cities with existing Mexican-American populations. The source of that is the Drug Enforcement Administration, in a 1996 report.

Unfortunately, even with all this activity, with the trade benefits, financial benefits, pledges of cooperation with Mexico, drug seizures are dramatically down. The amount of heroin seized from 1997 to 1998 dropped 56 percent. The amount of cocaine dropped some 35 percent in the same year. The number of vehicles seized from 1997 at sea went from 135 to 96, a 9 percent decrease.

We have asked for maritime cooperation. We have not gotten it. We have asked for seizure cooperation. We have not gotten it. We have also asked for extradition of Mexicans who have been involved in illegal narcotics.

Tonight let me display a couple of folks we are looking for and describe

them. To date we have not had a single Mexican major drug trafficker extradited.

This individual is Lewis Ignacio Amezcua-Contreras, and this individual is one of the chief producers of methamphetamine in really the world. Recently, despite overwhelming evidence, all Mexican drug charges have been dismissed. We are hoping that this individual will be extradited to the United States.

Again, our requests, this Congress passed a resolution, the House of Representatives several years ago, asking for cooperation in extradition of major drug traffickers. To date, we have not had one Mexican major drug kingpin extradited.

We have another star tonight in our array of requests for extradition. This is another individual that we have asked for. This is Vincent Carrillo Fuentes. He is a major cocaine trafficker. He has not been arrested. We think he is at large in Mexico. He is a United States fugitive. This is another individual.

There are 45 of these major drug traffickers we would like extradited to stand trial, it is the thing they fear most, in the United States. I would say for both of these individuals, I believe there are some substantial rewards in the million dollar range, so if anyone would like to turn these individuals in, I am sure they would also like to receive the reward that is available.

United States officials testified before my subcommittee that there are 275 extradition requests that are pending with Mexico. Mexico has only approved 45 extradition requests since 1996, and as I said, not one major Mexican drug kingpin. Only 20 of the extradition requests that Mexico has approved have been drug-related, and only one of those has been a Mexican citizen. But again, there have been no major drug kingpins.

On November 13, 1997, the United States and Mexico signed a protocol to the current extradition treaty. I think that treaty goes back to 1978. The protocol is basically the way the extradition would operate, and all the details.

The protocol has been ratified by United States Senate, the other body, and is currently being delayed in Mexico's Senate. To date they still have not resolved or approved an extradition protocol with the United States.

Additionally, this Congress several years ago asked Mexico for cooperation in enforcing the laws on the books. It was not a tough request: extradition, maritime cooperation. The United States customs agency ran an undercover operation called Operation Casablanca. This undercover operation was the largest money laundering sting in the history of the United States, absolutely incredible money laundering.

Members will not be able to see this chart too well. Maybe they can focus

for a few minutes. Let me talk a little about this. Forty Mexican and Venezuelan bankers, businessmen, and suspected drug cartel members were arrested, and 70 others were indicted as fugitives.

The United States informed Mexican counterparts of the operation, but they did not tell them all the details because they feared Mexican corruption would or could endanger the lives of some of our agents.

□ 2320

And as we know from history, one of our agents, Kiki Camarena, was brutally murdered in Mexico and even today some of his murderers and those involved in his horrible death have not been brought to justice.

Operation Casablanca involved three of Mexico's most prominent banks, Bancomer, Banca Serfin, and Confia, and all of these three major banks were implicated in the investigations. A former senior United States Customs agent who led the Casablanca probe declared that the corruption reached the highest levels of the Zedillo government when he implicated the defense minister in this event.

Mr. Speaker, it is my hope that we can have justice prevail in this situation and next week we will continue the rest of the story as it relates to corruption in the Mexican Government and Mexican drug trafficking.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. MASCARA (at the request of Mr. GEPHARDT) for before 5:00 p.m. today on account of personal reasons.

Mr. LAHOOD (at the request of Mr. ARMEY) for today on account of attending the funeral of Bishop Edward O'Rourke.

Mr. HILL of Montana (at the request of Mr. ARMEY) for today on account of medical reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. MCNULTY) to revise and extend their remarks and include extraneous material:)

Mr. LIPINSKI, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mrs. CLAYTON, for 5 minutes, today.

Mr. RUSH, for 5 minutes, today.

Ms. WATERS, for 5 minutes, today.

Mr. HOLT, for 5 minutes, today.

Mrs. MINK of Hawaii, for 5 minutes, today.